

Developmental History

Preschool/Pre-K

Child's Name: _____

Date: _____

1. Describe your child briefly (physical appearance, personality, abilities)

2. Previous experience in daycare? _____ Home daycare? _____

Sleep and Potty Habits

1. Does he/she take naps? _____
2. Is your child potty trained? _____

Social Relationships

1. Has he/she had experience playing with other children? _____
2. By nature is he/she Friendly _____ Shy? _____ Withdrawn? _____
3. How does he/she get along with siblings/friends? _____
4. Is he/she known by any children or teachers at the center? _____
5. Does he/she appear to enjoy playing alone? _____
6. How does he/she relate to strangers? _____
7. What makes him/her upset? _____
8. How does he/she show feelings? _____
9. What frightens your child? _____
10. Favorite toys and activities at home? _____
11. Does he/she like to read? _____
12. Can he/she ride a tricycle? _____
13. Does he/she prefer to play outdoors? _____

Kindergarten Readiness

1. Name Recognition? _____
2. Writing? _____
3. Letter and Number Recognition? _____
4. Color and Shape recognition? _____

Comments

In what particular ways can we help your child this year? _____

Throughout the year if there is anything unusual going on in your home please call and let a member of management know. This might be a severe illness, a parent going away, anticipation of a move, death of a relative or pet, witnessing an accident, ect. Although your child seems not to have been affected we may see indications in their behavior that indicate he/she is upset. If we know what the cause may be, we are better able to be supportive. All information will be kept confidential to direct care employees only

Mother's Signature and date

Father's Signature and date